



Rose Mary Rahn  
Director

Milton Teske, M.D.  
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



**PUBLIC SWIMMING POOL/SPA INFORMATION FORM**  
**PLEASE COMPLETE INFORMATION FORM AND RETURN TO OUR OFFICE**

Name of Facility

Facility Location: Street/City/Zip

Name of Applicant/Contact Person

Facility Phone

Home Phone

Facility Mailing Address

City/Zip

Owner's Name

Owner's Mailing Address, City, Zip Code

Applicant's Signature

Date

**Check All That Apply**

Type	Number of Each	Annual Fee	Total Fee
POOL(S)		\$350.00	
SPA(S)		\$350.00	
Interactive Water Feature(s)		\$350.00	

**YOUR CANCELLED CHECK IS YOUR RECEIPT.**

**OFFICE USE ONLY**

FACILITY # \_\_\_\_\_ REC'D BY # \_\_\_\_\_ DATE REC'D \_\_\_\_/\_\_\_\_/\_\_\_\_

CIRCLE ONE OF THE FOLLOWING: RENEWAL NEW CHANGE-OF-OWNERSHIP

AMT REC'D \_\_\_\_\_ PAYMENT TYPE :(1) CASH \_\_\_\_\_ (2) CHECK \_\_\_\_\_ (3) CASH & CHECK \_\_\_\_\_

DATE OF CHECK \_\_\_\_/\_\_\_\_/\_\_\_\_ CHECK/RECEIPT # \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

H:\AWEHS\FORMS\APPLICATIONS\Pool & Spa\Pool Application 10/23/2019

UPDATED IN E.C: \_\_\_\_/\_\_\_\_/\_\_\_\_ INITIALS: \_\_\_\_\_